740-NP-R

42A740-NP-R Department of Revenue



KENTUCKY INCOME TAX RETURN Nonresident—Reciprocal State Kentucky 2014



Last name			Your first name and middle initial		Your Social Security N		No. Did you file a Kentucky income tax return for 2013? Yes□ No□. If no, give reason:		
Mailing Address (Number and Street including A or P. O. Box)			partment No.	City, town or post office	State	ZIP cod	le		
П	INS	STRUCTIONS					•		
	This form may be used by qualifying full-year nonresidents to claim a refund of Kentucky income taxes withheld during 2014. To determine if you qualify, you must check "Yes" or "No" for the applicable statements below. <i>If eligible, complete lines 1–7.</i> Enter only the taxpayer's name in which the Kentucky wages and salaries were earned in the name box above. Do not include your spouse's name. If both spouses earned only Kentucky wages and salaries as a resident of a reciprocal state, each spouse must file a separate Form 740-NP-R.								
	A.	I was a nonresident of Kentu	ıcky during a	all of 2014.				☐ Yes	□ No
	В.	B. My only 2014 Kentucky income was from salaries or wages earned while a resident of any of the following states: (circle state(s)) 1-Illinois 2-Indiana 3-Michigan 4-Ohio 5-Virginia 6-West Virginia 7-Wisconsin Note: Race track, lottery and other gambling winnings are not salaries or wages.							
	For Virginia residents only:								
e l	C.	I commuted <i>daily</i> to a place	of employm	f employment in Kentucky.				☐ Yes	□ No
Attach Kentucky Wage and Tax Statements Here	Name Number and street City		State ZIP c		ZIP co		You must attach Kentucky wage and tax statements.		
tuc T	,								
tach Ker	1. 2.	Enter total Kentucky income tax withheld . Do not include local tax withheld. Attach 2014 wage and tax statement(s)						• 1	00
¥	3.	□\$10 □\$25 □\$50 □Other Child Victims' Trust Fund Contri	bution					00	
	4.	□\$10 □\$25 □\$50 □Other Veterans' Program Trust Fund C □\$10 □\$25 □\$50 □Other		Enter amount checke Enter amount checke				00	
	5.	Breast Cancer Research/Educat □\$10 □\$25 □\$50 □Other	ion Trust Fund					00	
	6.	Farms to Food Banks Trust Fund \$10 \$25 \$25 \$50 \$50 \$50 \$50						00	
	7.	From line 1, subtract lines 2, 3,	4, 5 and 6. Am	ount to be REFUNDED				● 7	00
_				014 RETURN FILED WI					'
l de	clare ur	nder the penalties of perjury that I hav	e examined this	return and to the best of my kno	wledge and l	pelief, it is a t	rue, corr	ect and complete	e return.
Your Signature				Date Signed			() Telephone Number (daytime)		
Туре	d or Pri	inted Name of Preparer Other than Taxpar		I.D. Number of Preparer Department of Revenue,		Date KY 40618	-0006		

Note: Nonresidents of reciprocal states who want to prevent their Kentucky employer from withholding Kentucky income $tax\,from\,their\,pay checks\,should\,file\,a\,copy\,of\,Revenue\,Form\,42A809,\,Certificate\,of\,Nonresidence,\,with\,their\,employer.$ The form is available from the employer, the Kentucky Department of Revenue, Frankfort, KY 40620, or by visiting www.revenue.ky.gov